

**FEC  
FORM 1****STATEMENT OF  
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

American Psychiatric Association Political Action Committee

ADDRESS (number and street)

1000 Wilson Blvd.



(Check if address is changed)

Suite 1825

Arlington

CITY ▲

VA

STATE ▲

22209

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS



(Check if address is changed)

sbarnes@psych.org

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)



(Check if address is changed)

2. DATE

MM / DD / YYYY  
01 / 30 / 2014

3. FEC IDENTIFICATION NUMBER ►

C C00373696

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Scott Barnes

Signature of Treasurer Scott Barnes

[Electronically Filed]

Date

MM / DD / YYYY  
01 / 30 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100**FEC FORM 1**  
(Revised 06/2012)